

## **VI. COMPREHENSIVE ACTIVITY CODES**

The “Medicaid Match Administrative Claiming Program Activity Codes for Local Health Jurisdictions” contains a set of activity codes that reflect the entire constellation of public health functions, including Medicaid and non-Medicaid activities. Staff will use those codes to document the activity they are performing when they are time surveyed. Matchable activities include codes used by all staff as well as a code used only by Skilled Medical Professionals.

The activity codes work in concert with the other tools described in this manual to accurately identify matchable activities and isolate their costs. As described elsewhere on this webpage, the Automated Detail Invoice identifies all the quarterly expenses of the claiming unit, as well as its funding sources. Consequently, the claiming formula can be completed with a high level of accuracy and precision.

Employees of LHJ claiming units often perform both direct services (e.g., medical, vocational or social services) and administrative activities (e.g., outreach or care coordination). The Activity Codes must capture and clearly distinguish direct services from Medicaid administrative activities. Typically, direct services have different funding sources, claiming mechanisms, and documentation requirements related to each program or type of activity, and therefore they should not be claimed as a Medicaid administrative expense. Because the activity codes must represent 100 percent of the time an employee may spend, activity codes are designed to reflect all administrative activities and direct services that may be performed, only some of which are reimbursable under Medicaid.

The activity codes used by LHJ claiming units to document time for the Medicaid Administrative Match claim identify medical and other direct services that are not considered Medicaid related, and ensure that those costs are not included in the claims for Medicaid administrative activities.

The claiming unit must discount all but eight of the Medicaid administrative match activities by the percentage of Medicaid eligibles served. Matchable activities that need to be provided by Skilled Professional Medical Personnel (SPMP) are matched at 75% while all others are matched at 50%. Outreach to bring eligibles into Medicaid is matched at 50%, with a 100% Medicaid Eligibility Rate, as are outreach and linkage activities around oral health for children who are Medicaid beneficiaries. In addition, some activities, where the purpose and cost is clearly identifiable as 100% related to Medicaid administrative activities, may be direct-charged, without being discounted by the Medicaid eligibility rate.

A summary grid of the Comprehensive Activity Codes may be found in the Quick Reference Section.